COVID-19 Vaccine 12/16/2020 - PWD RCC Unedited Transcript

Please note, there were some technical issues during the beginning of the RCC transcript. This transcript picks up 14 minutes into the webinar.

it's unfornt that we are dwearting at the time of the pandemic and for reasons to try to get it under control. We are doing everything we can at BDH to ensure the safety of all of the citizens in Virginia. And my role in the Commissioner's office, I assist with multiple projects that are in large part part of the COVID-19 response. I have been able to lead the activities for the explosions app. We are over 900,000 people downloaded that today in Virginia. That has been a leadership moment for the Commonwealth of Virginia. We are proud of everyone who has been able to do that.

We are going to try to work that into how we can assist with vaccine prevention as well. Anywhere we can put out information that deals with vaccine prevention and whatever mechanisms we can, we want to be able to do that.

I know we have Christie gray with us this evening. To level set for a moment, you know, it is incredibly important that we are having these kind of meetings with folks at different times. Diversity, equity, inclusion are at the core, I think, of what government should be doing today. And I think Virginia is leading the way where that is concerned. We are really proud of that.

You know, it is important for us to step back and think about what COVID is actually meaning to us and why it is so incredibly important. Dr. Under wood and governor northam alluded to this. We have seen 292,000 cases of COVID-19. To put that in perspective, the most cases we have ever seen of a reportable infectious disease in Virginia prior to COVID is an STD called chlamydia. That would be maybe 40-couple thousand cases a year.

That far exceeds any other infectious diseases. That just provides us some context. The governor mentioned over 3600 cases in a single day. We are seeing 55-fold increases compared to back in May. And we recently just in the last couple of days we reached over 4500 deaths in Virginia specifically from COVID.

So there couldn't be a better time for us to get the vaccine here and to start to get that dispersed out to the communities in need.

I think Christie is going to talk more about those specific priority levels as we go. The 1A, the 1B, and 2 and who the individual priority groups that are going to be getting it such as healthcare providers and long-term care facilities. We are looking to do this quickly. We are going to need everyone to help us. I think we will be looking at 480 or so thousand doses of this vaccine that should be delivered to Virginia just in the month of December.

So it is going to be a monumental effort. We are up for the task. It is not going to be easy. It is going to take longer than we like. But I think we will persevere and with the help of everyone, including all the citizens of Virginia, you know, everyone doing their part and doing their part to really be a beacon in their community and be someone who stands up for the truth. I think dru and the governor both alluded to the fact that this is incredibly important. Trust in what we are doing, public health is no stranger to mistrust. Things like the Tuskogee experiments occurred in government and we understand that trust in government and trust in what we are doing on your behalf is of the utmost importance. That is what we are going to be here to do. We are going to provide all of the answers we can.

Without further ado, I will be here to answer questions in the chat but I am going to turn this over to Christie gray who is the division director for the division of immunizations within our Office of epidemiology here at the Virginia Department of Health. Christy?

>> Christie: Hello, good afternoon, everybody, good evening. Thank you so much for having us today. We were able to do one of these last week and it is such an enjoyable experience not only to be able to exchange information and provide updates, but get information back and understand how if we have any gaps in our planning and how we can improve that. We really appreciate all the questions and concerns that you share with us today.

And we want to make sure that we are taking them into account and updating as needed.

So I just wanted to do a brief overview of our vaccine planning. One of the main points is the vaccine, not only is it coming. It is here. We received 70,000 doses in Virginia between Monday and Tuesday. Of this week.

We are expecting about 480,000 doses by the end of December. And as we are using those doses to vaccinate the priority groups that have been identified by the CDC Advisory Committee on practice, those are healthcare personnel and nursing home residents. We are going to use those doses to vaccinate those persons as priority and as has been mentioned before, this entire vaccine roll-out will take time. It is important that we are continuing our mitigation strategies of washing our hands and covering our -- wearing our masks and keeping our distance from one another.

We are -- excuse me.

So another point that is very common is the vaccine, the governor touched on this, vaccine is safe and effective. We are only distributing vaccine that has gone through the process, has been reviewed independently by the FDA and the committees and the CDC independent committees and have been proven that they are safe and effective at preventing the spread of COVID-19.

And we have been working on this process and separate from COVID in general, the response to pandemics is something that is not new to the agency. We practice emergency response plans every year. We update them. In this case we modified our emergency response plan to account for COVID-19 considerations such as needing to ensure social distancing in vaccination clinics. Not something we have had to do before in clinics. This is not new to us as an agency. We have had plans that we have built on.

And I have also heard concern that the vaccine has come in so quick in this process. Surely there must have been steps skipped in this process.

And in reality, it is just that in the traditional vaccination approval process, the vaccine is not really goes from step to step in the approval process until the manufacturer has come up with the funding to move it to the next phase because it is their financial risk that is at stake. If the vaccine does not, is not found to be safe and effective.

In this scenario the U.S. government purchased these vaccines and has paid for the cost to manufacture them. So there is no time needed to raise funding or provide funding to go from step to step. Should the vaccine be found to be not safe and effective, the vaccine is just destroyed.

Although the financial piece has been removed, the financial barriers have been removed, the steps in which the review of the safety and efficacy data have not been skipped and have not been cut in any way. So we can feel confident that the data that has been shown has gone

through the same exact approval process that any other vaccine has gone through, through the U.S. government, to the U.S. market.

I also would like to mention when I talk about safety and efficacy of vaccines, vaccines as opposed to a medication to treat is given to healthy people. And, therefore, it has to have a stronger benefit to risk ratio. There has to be much more benefit to risk for a vaccine than in other treatments that might be coming for FDA review. That is because you are preventing it, not treating it.

So these are just some general background about the vaccine approval process. I always found it to be very helpful in understanding how the vaccine comes to the market and how the process and what is involved, ensuring that it is cache and effective to the public.

Lastly, -- safe and effective to the public.

Lastly, we will be distributing this vaccine fairly and equitably throughout the common wealth. We have been preparing for doing this since June. We stood up our vaccine unit of the statewide unified command in June and have been preparing since then with our ultimate goal to vaccinate as many people as possible as quickly as possible, to reach that herd immunity in order to control the pandemic and hopefully return to the normalcy we all desire.

However, because the supplies are gobbing limited at first, the vaccine has been manufactured for months. However, it still takes time to manufacture vaccine. So we have limited doses. They have to be distributed across the entire U.S. So Virginia has, an allotment has been given to it based on our portion of the population versus the entire U.S. population. We need to ensure that those are going to those who need it first to ensure that they are protected because they are most at risk of either acquiring the infection or if infected to have the most severe of infections.

So at first the vaccines will be limited. But the vaccine supply will increase. Not only because the vaccines that are being manufactured will continue to be manufactured, but we will have other vaccines that might be possibly introduced as other options.

So, for example, Pfizer introduced first. Moderna is being heard before the FDA independent committee tomorrow.

And if it is approved to be given, then we will then have more vaccine to be able to distribute out because we have another vaccine. And its manufactured doses to distribute.

Overall we are looking at likely three to four phases of vaccine distributions with the first phase being this limited to the healthcare personnel and long-term care facility residents. But next portion of the population that we are looking at are called essential personnel. Your critical workforce that allows everything to keep running while -- that we want to have running. If they all were to get sick, then the post office, the grocery stores, electricity -- there's a list of essential personnel that we have in our planning. And that is typically used for response plans.

With that, we are also, we get interest from people that contact us or the governor's office about their interest. And we bring that in and we are working at the Department of Health to identify these people and to work through how to identify them, the groups of people, how many of them exist and what priority order might they exist.

An aspect of that, as I mentioned the CDC Advisory Committee on practice, that committee is meeting in two days to have that discussion and to consider who would likely be that next group of people that we should ensure are vaccinated next.

It is also expected that the group after that would be medically vulnerable and as well as that could include some co-morbidities, people who have multiple chronic illness or those with weakened immune systems. And after that we would look into more of the general population. As those phases are increasing, we would expect the manufacturing to increase and the number of doses available to us to also increase.

So that is really where we are going. Between now and probably maybe May or June. I don't have a crystal ball to know for certain, but that's our current planning.

And there's a few other things that I just want to touch on. Dr. Underwood touched on this earlier.

After the FDA approved the vaccine, FDA and the Advisory Committee on immunization practices determined, recommends who should get that vaccine. We really rely on those committees to indicate whether pregnant women or women who are breast feeding should be getting vaccinated. In the case for Pfizer, it was not considered what is called a precaution or contraindication which would give you pause necessarily to vaccinate. And we would expect them to recommend similar on the moderna vaccine.

All these recommendations are done based off of the data that are provided from the trials. And so based off of that essentially for Pfizer, pregnant women can choose to get vaccinated with the Pfizer vaccine. There is nothing to say they shouldn't. However there is no data to necessarily support that it is safe.

That is actually very common. When vaccines are initially released, that there is no data for pregnancy for vaccinating a pregnant woman. And we will see what they say about the moderna vaccine.

Similarly, children were not in the initial trial data for either Pfizer or moderna. However, I know that earlier this month moderna announced it is starting to enroll children age 12 to 17 into their clinical trials. So we'll see how that data shows. So if that is found to be safe and effective, then the Advisory Committee could recommend the vaccine down to age 12 for moderna vaccine.

All these recommendations are likely going to remain vaccine-specific for some time.

I did want to touch a little bit on the fact that these are, both Pfizer and moderna vaccines are what are called R sphrorks vaccines. I want to explain a little bit about how that works -- in m RNA, the small knew clay I can situated, it basically teaches your body, develops that shows whether you are exposed to COVID-19. It is training your body without having to be infected with COVID how to respond to it.

And it is a very neat -- nerding out here. Very interesting approach to -- really, all vaccines do this. They teach your body how to identify COVID -- sorry, they all teach your body how to identify an infectious agent. But this is a new way to do that. And it allows your body, a vaccine to be created very quickly as opposed to maybe traditional vaccines that take time to grow them. For example, flu vaccine is typically grown in eggs and it takes a long time to grow the virus. This allows us to respond nimbley in this example. It does not, these vaccines do not give you the virus. It is just teaching your body how to spot it if you are infected in the future.

And Dr. Underwood also mentioned cost. There are no out-of-pocket costs to somebody to get this vaccine your insurance company can be charged an administration fee, but the amount of insurance -- neither the insurance provider can come back to the person and say give us money to get that vaccine. Whether you have insurance or documented in Virginia, I did also

want to mention about tracking. So we are putting all doses administered into our Virginia information system. Our state immunization registry. It is a database that consolidates immunization data from multiple sources into one record that a provider can use to make better healthcare decisions with you for treatment.

Whether you have been vaccinated against something can impact the type of treatment your provider might recommend for you. Whether that is being vaccinated again or vaccinated at a specific point in time to ensure that there is enough interval between your vaccines. Or if there is a medication that they are thinking of prescribing for you that might be impacted if you have been vaccinated recently.

So it is a very helpful tool for healthcare providers in Virginia. It is, you have to register with BDH to get access to it and you will need access -- you will have to show you need it for your job so you are really only healthcare providers access this information. It is important that perm in this information so maybe if you get your vaccine in southwest Virginia and now you are in northern Virginia but due for your second dose, the provider in northern Virginia can see you got Pfizer last time. Let me make sure that you get Pfizer this time because these vaccines are not interchangeable.

We do not share this information with any other entity including the CDC. We also will be providing a redacted file which says I gave, there is a record of a vaccine, but it does not have first name, last name or any other information or PHI about the person that would identify the person.

I'll go ahead and stop there. I'm happy to answer any questions you have. Thank you again so much for having me.

>> SABLE: Thank you, Christy.

I know there are several questions that came up in our chat. We have been doing our best to answer as many of them as we can. But I want to, I know there are some folks who have their hands raised. There also are some questions in the RCC chat.

Before I start going into our thematically grouped questions I want to provide us an opportunity to hear from folks. I'm seeing two hands raised. It's Alex Sprague is there?

>> Yes. Well, I actually had a more general question. Like so I am with the Alexandria commission for disabilities and one thing I have been talking to this commission about is maybe the possibility of providing or if we can invest in certain like therapists or therapy groups in which -- well, once we get back, once we are able to get back into the swing of in-person things without having to fear ineffects, some people might not have any time adjusting to that.

I was wondering if someone could address the possibility of maybe allowing the kinds of things, that certain folks with certain intellectual disabilities or folks with autism would have an easier time adjusting or readjusting to the public.

Is that possible for us to do?

>> SABLE: Is there anyone on our panel that could address Alex's question?

(Pause.)

>> This is Dr. Elmore, Sable. I will give it a general answer, okay? Depending on the situation, you know, and depending on how things are funded, yes, you possibly could get some interactions through either the waiver program or through DMIS (?) that we can do, but this is a question where we can take back to all the groups that we are on. That way we can discuss it a

little bit more as to what we think is needed. That's one reason for the listening sessions. We're glad you brought it up. I made a note on it. We will continue to discuss it.

But yes, if you have a case manager support coordinator, any of those linkages to a community services board, that would be a good place to start. And then we can also pick it up on our end.

>> Thank you. It definitely needs to be discussed more. Thank you so much.

>> SUSAN ELMORE: Thank you, we will.

>> Thank you, Alex and thank you, Dr. Elmore. We are getting several requests in the chat for us to address specific questions specifically as it relates to the disability community. Folks are just trying to, thematically grouping some of the pieces we heard. People are concerned about the issue of consent in terms of how folks with thrum disabilities, developmental disabilities, how folks are going to -- what is going to be the informed consent process for those who are living in these congregate care settings.

Also there have been questions about whether or not folks will be able to -- like how do we incorporate or engage those who may have a disability of some sort, how do we prioritize them in the population?

>> This is Christy. In terms of long-term care facilities, the CDC set up the CDC pharmacy partnership where they contracted with Walgreens and CVS to go on site to facilities and vaccinate the staff and the residents.

And part of that process is sending ahead consent and related information to be completed before they get there.

So that is how the long-term care facilities that are enrolled in that program will work.

There's, that's primarily most the skilled nursing facilities in Virginia and most of the assisted living facilities in Virginia. That is how they will get vaccinated.

Our local health departments and some other pharmacies or perhaps Walgreens and CVS, we are in decisions for state contracts with pharmacies as well to provide similar service to those long-term care facilities that are not enrolled in that program.

And to ensure the information is provided to the residents and to avoid any kind of coercion or making sure that there is informed consent.

>> SUSAN ELMORE: Sable, this is Dr. Elmore again. If I may, let me tag on to Christy there. For everybody in the audience tonight, keep in mind that this is an evolving thing. We hear new things every day. One of the things I heard in one of the calls today with the Department of behavioral health and BDH that came through CDC, CDC is working on the consent. Then it will be sent to BDH and the Virginia Department of Health will look at that consent, the Department of behavioral health and developmental services will take that consent and we will try to put it in plain language or put it in visuals or whatever we need for our developmental disabilities population. We have a team on the Department of behavioral health side that is going to work on the communication part of that.

So right now we don't have it in our hands. So that is why the community services boards don't have it yet because it hasn't come to the state. The CDC has to put that out and then it will come to us.

As soon as people, as we have it, we get it, we will distribute it.

So yes,.

There was another question about the group homes. And residential. They have been included in the CDC -- I mean, the CVS and the Walgreens contracts is what we understood in the meetings that we have been in to allow the group homes to go to CVS or them to go to the facility. That's coming down the pike.

If you are living on your own, yes, CVS is going to be picking part of that up too.

There's still more to come. Hang on a little bit. Back to you, Sable.

>> SABLE: Thank you, Dr. Elmore. I want to be cognizant of time. There are a lot of questions but we want to have questions that have been raised in the RCC chat to get that answered. I know that we have a few folks with hands up. So let's go to winter next. Winter, are you there? If we can make our questions as concise as possible so we can get through as many questions as we can? Winter, are you there?

>> Yes, I'm here. I want to kind of represent the highly allergic population of the disabled community who are also high risk for COVID.

And my question is kind of revolving around what are the recommendations for those individuals with a history of anti flask sis to vaccines in the past. Is there a way to observe tholes individuals either admitted in the hospital or immediately treated for an fill axis in case they react to the vaccine and is there a way to track people with disabilities across the board who start to get this vaccine and as we see how they interact with medications and their underlying conditions. Will that data be used to help inform other people with disabilities as they make informed decisions about whether it is safe for them and their bodies.

>> Christy: Thanks so much, winter, for that question. Yes, there are some clinical considerations for those who had semple allergic reactions to vaccines in the past.

The recommendation from the Advisory Committee on immunization practices, it is a precaution for those who have had that experience and it is a clarification for those who are allergic to the specific vaccine ingredients. Those can be found on our -- they can be provided and they can be found online. Happy to send out that information.

For those that have just had reactions in the past, not necessarily specific a learning he I can to the -- allergic to the ingredients of the vaccine. It is recommended that those people are observed for 30 minutes after the vaccination. All of our departments as well recommended for any provider vaccinating are trained to provide that response quickly, including having responses with like an Epipen and be trained on how to do that.

On site.

That might also influence how the clinic may be set up for vaccination to ensure that allowance is built in.

For example, including EMTs on site for -- as a plan that our local health departments are working in place.

For any vaccination, whether you have been -- for anybody else, it is recommended that observation of after vaccination is 15 minutes and that is typically any vaccine, but just to ensure there isn't any reaction that is unexpected. Unlike the one where you have had the experience in the past and you are watched for 30 minutes.

The second question was about tracking people. So there is a system that has been put in place specifically for COVID vaccine to watch and to have special observations of those getting the coismed vaccine due to the nature that we want to be conservative with these new vaccines and watching them and also provide that added assurance to the problem.

They set up a system VSAFE. It is on a link from our COVID-19 vaccine website but it is also available to CDC. When you receive your first vaccine, providers are asked to give you information to enroll into the program. And that program really just includes information about you and it checks in with you often to see how you are doing. How are you feeling if there is any sort of symptoms you are experiencing that would be considered not normal of your every day life that information is brought back and incorporated into what is called the vaccine event reporting system. That is a system in place for the reporting of any adverse event for any vaccine by any person. That ensures that that vaccine reaction is getting reported out. Not only do you know the person who is experiencing that add veerchlts and can provide guidance to that person, but we can ensure the information is getting supplied into the larger data set that is nationwide, which allows the CDC to identify signals when there might be something happening.

That just kind of stems into the vaccine safety piece of this. Once the vaccine hits the market, that is not when the review of the date safety and efficacy stopped. Vaccines are watched continuously after the mart to ensure that there are, as it is administered to more people even though the trials include thousands of people, once it gets into the market it opens up the possibility of being vaccinated to a million people. You might see those once in a minimum situations that are happening. The systems that are in place as mentioned now, there are three others that watch for this. Again, that is because of the nature that vaccines are given to prevent and not treat. Therefore, it has the most rigorous review process in the world and to ensure that our vaccines are the safest that they have ever been.

Did I answer your question, winter?

(There is no response.)

>> SABLE: I think so, Christy. And I judges want to take a moment to address there are a lot of folks who are raising concerns. I want to hold space for some of the concerns that I'm hearing in the chat and just wanting to make sure that the folks who are on our panel are aware of some of the things that are happening there. I just want to verbally speak on some of the pieces that are here.

Folks are wanting to further disaggregate the disability community so those with specific accommodation needs and concerns would be able to better follow the information. It has been difficult for folks to read through the chat and also to listen.

I do want to let everyone know that thing of the presentation along with the recordings from all of the other community conversations that we have had, are going to be shared with the individuals who have registered. We are collecting with each of these conversations the questions that are being asked. And we are feeding those directly to, we have communications with the Department of Health communications staff on the line who are going to be incorporating the questions that are asked here into our frequently asked question document that currently lives on our BDH COVID-19 vaccine web page. I know that everyone is trying to take notes and capture all of the questions here, but we are going to do our best to make sure that your questions are answered to the extent that we can answer them. And we are going to be sharing when we send out the link, we are going to be sending out the link with the recording, excuse me, we are also going to be sending out the questions for the link to the Q&A portion, the p answers to the frequently asked question document.

So I will be sure to make sure that you all receive that. And this document is a living, breathing growing document. It was, has been informed and we are holding six of these community conversations so far. And we want to -- and this FAQ document has been updated with even of the iterations based on the information that we have received.

I just want to press pause here. I'm seeing that we have one additional hand raised here. Beth, you are recognized.

(There is no response.)

>> SABLE: Beth, are you there? I'm seeing Beth's iPad. We'll give a couple more moments.

>> She is saying she is not able to unmute herself. Is that something controlled by a host, perhaps?

>> SABLE: Let me try to unmute --

>> I don't know what you did, but that worked great. I'll turn the picture off. Yes, I have one question. I have a daughter with an intellectual disability who has multiple medical issues that would fall into the first, that 1C criteria about a high risk medical individual.

How will we go about getting her upgraded? Do we need a doctor's note? I'm not sure how to go about doing that to help her. She lives at home with me. He is not going to fall in the congregate category of individuals. I think who will get vaccinated first. I know several of my friends have the same question.

>> Christy: Thanks so much for that question, Beth. I think you are asking how you can get your daughter moved from 1C to higher?

>> Yeah. She lives at home with me. So she is not going to be in the category of individuals that live in congregate living, which I completely agree need to be vaccinated before individuals that don't.

But she has so many medical issues that getting the virus would not be a good thing. So she does fall in that top category that you have the picture of that said individuals, adults -- she is 25 years old, that have multiple medical issues. How are you going to judge that? What do we need toe do to show you guys that she does have these issues?

>> Christy: Thanks, Beth. I know it is very frustrating. When I say don't necessarily have that information yet, but as was mentioned the information that we are getting is very quick and it is (indiscernible).

We do anticipate hearing more from the Advisory Committee on those practices this weekend that will help inform our next steps.

>> Okay.

>> Christy: In general, people will be vaccinated according to the plan of the local health district. So there's 35 health districts in Virginia. Each health district has different resources and needs and populations. That is something that in the a northern Virginia district would be different than southwest or southeast. Each district has its own populations it is considering and working with its resources such as the hospitals and health systems that are in their district to identify how they will vaccinate the residents in their district.

>> Well, no, I'm sorry, when you say health districts is that like our public health department? Like -- I live in Chester ville county. I would contact them to try to --

>> Christy: Yes, yes, you would contact Chesterfield health department. There are several departments in the district, but that's fine. Yes

(Overlapping speakers.)

>> That would give me an idea of where to start, what we might need documentation wise to help some of our folks that have medical issues?

>> Christy: Right now we don't have that information, but we are working on it as quickly as we can. So we just want to lote you know that they don't have it yet. That is where you would go and everybody should go when they have questions about what is going on in their community.

>> Well, I appreciate all you're doing. I know this is a lot. But thank you.

(Child yelling.)

>> That would be her yelling no.

>> Not a problem.

>> Christie, I wanted to follow up to what Beth's question and the comment that was had there just to go back to some of the pieces that have been raised in the chat.

People are asking a lot of questions on how, I know you just mentioned that folks should reach out to the local health districts but people are asking questions about tile lines and when we will be progressing through these phases and what care the Virginia Department of Health is taking to ensure that the needs of individuals individuals with disabilities are included. So if you could speak to how, about this iterative process, how we are working collaboratively and how we are looking to center those needs.

I'm just sensing and seeing a lot of concern and a bit of frustration in the chat. People are like: I have seen a couple of times, why are we vaccinating folks in long-term care facilities and medical professionals if there is all of this information that we don't know?

>> Christy: Sure, Sable. We do know that healthcare personnel and people who live in, the elderly who live in long-term care facilities are at most high risk of infection and most high risk of severity infection if they are infected. Which is why the committee on immunization practices recommended they get vaccinated first and BDH adopted those recommendations. That's why we are implementing them first.

We want to -- I want to emphasize that I hear you, I hear that you are frustrated and I completely understand where it's coming from.

It is not our intention to cause that. We have been working for several months to think through several different scenarios and how to approach priority groups. One of the factors that we use is those recommendations.

They are based on the data on where we can make the most impact as quickly as possible.

We will continue to incorporate the needs of all different groups including those that you represent tonight. We have several members serving on our vaccine advisory work group that we meet with and discuss different barriers and solutions that we can do to address them. And we are incorporating that guidance and information back to our local health departments who are implementing those at the local level and are very keen to ensuring that those populations are not left behind. That they are brought in and they are incorporated into those plans.

I do welcome anybody who is not already on our vaccine advisory work group to join to ensure that that continues and that voices are heard. But I do want to make sure you know that we have incorporated those and we are aware of them and we are working to ensure that they are brought into our planning.

>> SABLE: Thank you for that, Christy and I wanted to lift up a comment I see in the chat that I think also is speaking to a lot of what we are sensing and hearing here today. That is unease

that is also with the historic mistrust of the disability community. And knowing that that is a factor, folks wanting to make sure that they are still protected and not seen -- not treated as disposable. Thank you so much for raising that and for other folks who are echoing those concerns as well.

So with that, I just wanted to kind of -- I see Cheryl Lynn Spensen berg, you will be our last oral question before we address some of the pieces that are in the RCC chat.

Cheryl Lynn, are you there?

>> Yes, I am. Can you hear me?

>> SABLE: Sure can.

>> I just had a question. I really wanted to find out the studies, have there been stens itch studies done on people with sickle cell and MS, who have various allergies as well?

(Pause.)

>> SABLE: Sorry. Dr. Gray, it is my understanding that there, that individuals with certain conditions were included in the vaccine trials and we are just in a process where we are all learning and growing together. This is one of those situations where living through the scientific process is not as fun, I suppose, as when, to the extent that we learned it in school. So what we are trying to do in the conversations here is to share with you the information that we do know.

>> Okay.

>> SABLE: But there are items that we don't know, we want to be clear and transparent and honest with you about that. But also let you know that we are here, the bureau, Department of vellet is here as a trusted resource for you. And as we get an answer to those questions there are mechanisms through the website that I was showing you earlier that I'm going to put on the screen again is that this was meant to be the beginning of a two-way conversation. We are hoping in opening this conversation with you all we are going to be collecting your information and also collecting your questions but also wanting you all to be aware of the resources and information that we have, including items like our vaccination website. That is going to be your best belt for accessing the most up to date information.

>> Okay.

>> SABLE: We want to make sure that as soon as we are informed, you are informed. That vaccine, COVID-19 vaccine website will have the most up to date information about, as we learn about the specific subgroups and populations and specific medical conditions as we learn more.

>> Okay. Thank you.

>> SABLE: My pleasure.

And ... go ahead.

>> I want to let everybody know that anyone can come to the advisory work group meeting. The login information is posted on Town Halls. Would you send that out to the attendees so they are aware of how to be attend that?

>> SABLE: We can certainly do that. Absolutely.

>> Thank you.

>> SABLE: With that, I do want to hold some space for some individuals. We've gotten a lot of really good feedback in questions asked during this section. But I also want to make sure to the extent that we can that we can answer some of the questions that are in the RCC chat as well.

I know Dr. Gray you have been -- excuse me, Dr. Elmore, you have been monitoring some of those pieces. Are there any questions in the RCC chat that haven't been addressed yet?

>> SUSAN ELMORE: Hi, Sable. There is one over here. The question is: It is uncertain to know how the vaccine is going to be distributed. Is there a list of clinics, dates, places when the healthcare providers will get it? Ie. the patient first free clinics?

I know there was some discussion of, there is a free clinic website where people can go to to identify a free clinic near them. We have a URL for that.

But I don't know that we've gotten to the point where the free clinics know what their schedules are yet. But would you address that, please?

>> SABLE: Absolutely. Christy, are you there?

>> Christy: Yes. When there is more vaccine available, we are able to provide out where people can receive it, where the general public would be able to receive it.

Right now we are doing primarily what is called closed pods, closed points of dispensing in which the population is targeted to (Speaker away from microphone.)

Not necessarily open door for anybody to come, but once more vaccine is available, we would have those locations. We can make them available to the public on our website.

>> SABLE: Thank you.

And I just want to, I know that we have about ten more minutes remaining. I wanted to extend the time, because I think that is the feedback that we were having through the Q&A was very helpful and enlightening.

But I do want to provide an opportunity for -- we have two disability advocates speak and would love to have Karen Brimm, our access and functional needs officer for the Virginia emergency support team to address you all and to introduce our next speaker before we give directions for how we will be handling public comment for this community conversation.

Karen, are you there?

>> KAREN BRIMM: I am, Sable. Am I coming through?

>> SABLE: You are know*.

>> KAREN BRIMM: I'm the community services for the Virginia department for the deaf and hard of hearing. I'm also serving as access and functional needs officer to the Virginia emergency support team.

At the Virginia department for emergency management or VDEM. That's a big long way of saying that I support VDEM and the unified demand during an ongoing disaster with planning and response efforts as it relates to people with access and functional needs. That includes people with physical, developmental, sensory disabilities.

For the COVID-19 state of emergency response that meant contributing to efforts such as health equity, accessible communications, testing, tracing, and of course now vaccination.

Since the start of the pandemic, ASN out reach included nearly 50 partner calls with representatives from various state, regional, local, organizations including governmental and nongovernmental organizations.

In order to identify and provide a channel for communicating needs, concerns, an trends, back to the unified comantd. Members of the VDEM access advisory committee contributed to that. One of the members is Dr. Susan Elmore. She dedicated over 40 years, 26 of those in state -- with the Department of developmental services. She devoted those years to her passion,

helping persons with various complex disabilities connect with the healthcare system, assistive technology, and advocating for the person centered practice.

She advocates for the persons to be seen as a person and not as a disability. Due to multiple work-related concussions and surgical errors, she has been a person living with physical and residual effects. Her depth of knowledge and lived experience allows her to advise many others to navigate the healthcare system and understand related complexity.

It is also contributed greatly to the acts and functional needs effort here in the Commonwealth. Dr. Elmore, I want to turn it over to you for a few words. Thank you so much.

>> SUSAN ELMORE: Thank you, Karen. Thank you for the introduction. And thank you to the governor, Dr. Underwood, Sable K. and all the distinguished professionals for coming tonight and bringing this together.

According to the 2019 community survey there are over 1,001,200,000 civilian noninstitutionalized persons in Virginia with disabilities. It seems like we have a million questions to go with each one of those people.

And we know it. We know they are different and unique situations, okay?

Along with being difficultily abled, there are other issues such as trainingstation, communication, access to buildings, medical care. The list goes on and on and on.

These too affect our decision making when it comes to a vaccine in the pandemic. So many of you on this call live with those effects day-to-day. And we want to do our part to stay as independent and as able as possible.

So part of this we want to talk about and you heard Karen mention access and functional needs. We have had professionals, people with disabilities on the calls. And we have been working in various different ways trying to address issues for our disability community or our differently abled community. There are still things we don't know, okay. As you heard, the vaccine, we don't know. We don't know how it is going to be react in a person with autism. Those studies were not done.

What we can tell you is we realize that we all are a vulnerable population. We all want to stay on the best plateau we can to maintain life. We want our caregivers to be able to take care of us if we need caregivers to take care of us. And that they stay well and as the mother who was talking earlier, that her child or adult child stays well.

What we can tell you, we heard from the historic, where experiments and people were used as nonvoluntary research, we know the Tuskagee research story. Thankfully society learned from those lessons and today as you heard on TV there are clinical trials going on with volunteers. So the down side to that is, because we are not using people with disabilities as test subjects like we used to do, there is not a whole lot of data coming out from the volunteer world on what the vaccine will do.

So this is why you will hear us say we are all still learning.

COVID is new. Vaccine is new.

What we do know and what we have answered so far is that you will not get COVID from the vaccine. Which is one of the questions a lot of people asked.

The consent, yes, they are a work in progress. As soon as we get something, we m work on it.

Many of us have been working seven days a week to try to get information out or learn what we can learn to present and help you, particularly our public health partners at VDH. So there is more scientific evidence to come.

My words to you as a person with a disability is to read the facts. Read the facts on the CDC website, the VDH website and they can put in the chat the link to the VDH vaccine page. And there are multiple questions that have been answered on that page that will give you a lot of good baseline information.

We want you to ask your questions of VDH. They are the professionals who know. They are the experienced epidemiologists who know.

We are working with them to provide them answers to educate them on the difference of when we work together, we are talking about group homes, we are talking about sponsored residential and DD and all of our populations. Like I said there are a million questions to go with the millions of us with disabilities just in Virginia.

We still in Virginia might be disabled but we are still able. We are able to read, process, ask questions until you feel comfortable to take the vaccine. The choice is yours. But what we want to do is make sure that, yes, you are informed so your questions come to us and we will work on them.

I have lived during the polio days. And I remember lining up to take the polio vaccine. Back then we didn't have a whole lot of choice. You were told you would line-up and take the vaccine. This is similar in the fact that we will have a vaccine. You will be able to make your choice. It's, those who want it up front can get it up front and then there will be more coming. This is similar. We need to do our part to end this terrible disease of COVID. That includes what you already know and what you heard: Mask up, physically distance, wash your hands, wash down your area so that now we can get vaccinated and get control of this.

Read the facts. Check the website. The questions will be on them. They have added many more questions just in the last week from other listening sessions. So we want to be sure that you do, as we did in the '60s and get vaccinated and beat COVID.

We will take your questions and Karen and I in particular along with Sable and everybody else on here will be taking your questions to heart and try to get you answers when we can or watch for the information when it comes out.

Is it safe for a person with autism? I'm not the person to give you that answer. We don't know. There has not been a study that we of know of for date for the vaccine being administered to a person with autism. I would say with that, consult your physician and ask your physician what his or her opinion is for your medical condition.

The same for those of us who have multicomplex issues or have polypharmacy issues. Right now consult your physician. As soon as we know, though, we will let you know.

The information, as soon as we can get it, it will also come to DBHDS. We have a team that is working to get information to providers and you have to keep in mind, this only got approved and out last -- this weekend, for Monday. So as soon as things come out, then he will work on them and get them out to the providers.

So that is where we are today. It does change every day. And we will be sure to give you the best we can, but give us good questions on what you need. Be sure when you ask your question that you are clear on your situation or concerns so we have the entire picture visible to us. So that we can give you the best answer.

I will use the example of the mother that spoke earlier. She said her adult child was at home with her. That's what we need to know to give us the visible picture of what the conditions are and where the person is. Then we can give you a more concrete answer.

So with that, I'll keep it short and sweet and turn it back over to Sable.

>> SABLE: Thank you, Dr. Elmore. I just want to provide some guidance in terms of how we are going to proceed with the public comment. We recorded or we saved 90 minutes for our conversation today. But just given the nature of the questions and just the sheer amount of questions that we have, we thought it was most prudent for us to spend the majority of our time today answering your questions and really holding space to try to answer as many of those questions that we can.

Wanting to let you all know that this is the first in what is going to be a series of conversations, a series of opportunities for us to learn from you and with you and to share the information that we have.

And that this is going to be the beginning of the conversation. We are, as I mentioned before, this event has been recorded. It will be shared with all the individuals who have registered for tonight's event. We are going to be sharing with everyone the chat transcript, the RCC transcript, all of that information will be shared with those individuals so that everybody will be able to have access to that information. We are also going to be sharing, there has been a lot of really great networking that has been happening in the chat. We are going to be sharing the contact information of both the individuals who are serving as panelists who have shared their information publicly and also for those of you all who want to be able to be a shared resource for us.

So we want to make sure that we have these open lines of communication, and this is really just the beginning. We wanted to share with you what we do know to let you know that with the information that we have, Virginia is doing its best to move forward and develop a plan and implement a plan that is going fob respectful of the lived experiences of individuals across the Commonwealth regardless of any other circumstances, including that there is ability and regardless of their ability and their varying access and functional needs concerns. So we want to make sure that we -- we want to make sure we are as accessible as possible.

So just wanting to let you all know that this is still going to be an opportunity for us to hear from you. We are at the end of our time for today. But we will certainly set up another one of these conversations, perhaps more compressed so that we can have specific reach-out to specific groups within the disability community to address some of those concerns, but we will take that back on our access and functional needs partners and to our partners in the vaccine advisory work group to make sure that we are creating an environment where we can learn from and with each other.

So with that being said I want to thank everyone. I want to thank everyone for their participation this evening. We would like to encourage everyone, if there were additional comments that you would like to make in addition to the questions that have been raised in the chat box, you can feel free to -- you can feel free to email us at OHE@VDH.Virginia.gov. These instructions will go out to you, but we want to make sure that you can share your additional questions, comments, and concerns.

I will open things back up to our panel to see if there are any closing remarks that any of you all would like to make.

Anyone from our panel?

>> SUSAN ELMORE: Sable, just to make a point of awareness here from one of the questions. That is, keep in mind that when we say nursing facilities, we have people of all ages in the nursing facilities. We have some that are children that are under the age for which the vaccine is recommended. So just kind of keep that in mind that when we talk, we are talking broad because we have so many different types of situations on this call.

So please read the fact sheet, read the VDH website. There's a lot of great information that will help everybody.

Then yes, send us your questions and we'll be glad to answer them. Thanks, Sable, for all you did to moderate this. I'll sign off for now.

>> SABLE: Thank you, Dr. Elmore.

>> Hey, Sable, this is Jeff. I'll just make the comment I have been trying my best to keep up with what is going on in the chat. It has been moving very quickly.

But I did reiterate at one point that we will certainly take questions that have come in through this. We have not been able to get to all of them, I know. Some are very specific and we may not have answers to, but we can use the feedback that is coming in from this to improve what we are doing, improve how we are getting things out to folks and create some facts and questions, some documentation that we can get out on our website to help inform everyone throughout the Commonwealth. I'm appreciative of the comments that have been made and we will do our best to get answers to all of them.

>> SABLE:

>> Thank you, SABLE K. for your leadership. Thank you for your team and we appreciate you bringing these conversations to the community.

On behalf of the governor's office, thank you to all who joined us tonight. We are reading the chat. We will get back with you and answer all of your questions. Thank you so much.

>> SABLE: Thank you, Dr. Underwood. Thank you, Jeff. Thank you, Christy gray. Thank you to Karen Brimm and the individuals -- also the biggest thank you is to each and every one of you who participated on our call this evening. We are truly here to be thought partners with you all, to learn from and with you. So thank you for your questions. Thank you for your comments. And we look forward to engaging and continuing this conversation long after our chat this evening. And we will be in touch very soon. I hope that you all have a good rest of your evening. Thank you.

(The meeting concluded at 6:38 p.m. CST.)